Provider Add/Change Form Please print clearly.

CURRENT PRACTICE INFORMATION

☐ Group practice ☐ Individual ____________________
Name

☐ Group practice ID ☐ Individual ID ____________________ ____________________
AmeriHealth Caritas Delaware ID NPI number

Contact person name | Phone | Fax | Email

Authorizing signature (physician/office manager) Change will not be completed without signature. | Today's date | Effective date of change

PROVIDER CHANGE INFORMATION

Provide complete information. This request will be processed for AmeriHealth Caritas Delaware. If any of these changes result in a change on your W-9, you must submit a copy of your W-9 with this form. **Please note:** Providers must complete AmeriHealth Caritas Delaware credentialing before they will be added to your practice as participating providers. Refer to the AmeriHealth Caritas Delaware website for credentialing requirements: **www.amerihealthcaritasde.com**.

Type of change (check all that apply):

☐ Adding a practice
☐ Adding an office location
☐ Fax change
☐ Joining a practice
☐ Changing an office location
☐ Name change only
☐ Phone number change
☐ Open/closed panel
☐ New or changing federal tax ID
☐ Other (attach documentation)

PROVIDER GROUP INFORMATION

CURRENT OFFICE INFORMATION

AmeriHealth Caritas Delaware group provider ID NPI

Name

Street address

City State ZIP

NEW OFFICE INFORMATION, IF APPLICABLE

AmeriHealth Caritas Delaware group provider ID NPI

Name

Street address

City State ZIP

INDIVIDUAL PROVIDER INFORMATION

ADD PROVIDERS (New providers must complete AmeriHealth Caritas Delaware credentialing before they will be added as participating providers. Forms are available at **www.amerihealthcaritasde.com**.)

1. Last | First | M.I. | Degree | NPI | MAID | CAQH number
2. Last | First | M.I. | Degree | NPI | MAID | CAQH number

TERMINATE PROVIDERS (Please give AmeriHealth Caritas Delaware 60 days of advance notice when a provider is leaving the group.)

1. Last | First | M.I. | Degree | NPI
2. Last | First | M.I. | Degree | NPI

BILLING LOCATION UPDATE

Street address 1

Street address 2

Street address 3

City State ZIP

Phone Fax Email

Federal tax ID

(Note: A change in federal ID requires a new W-9 and a copy of the SS4 approval letter from the IRS.)

CHANGE OF OWNERSHIP

Legal business name of new owner and federal tax ID (requires new W-9) | Effective date of ownership
Note: Terms of acquisition or purchase must be attached for processing.

Please fax or email this form and supporting documents to **1-877-759-6251** or **delawareprovidernetwork@amerihealthcaritas.com**.

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